



GBF081

GENERAL EXCISE/USE
TAX RETURN

Place an X in this box ONLY if this is an AMENDED return

Month Quarter Semiannual

PERIOD ENDING (MM/YY)

NAME:

HAWAII TAX I.D. NO. **W**

Last 4 digits of your FEIN or SSN

BUSINESS
ACTIVITIES**Column a**
VALUES, GROSS PROCEEDS
OR GROSS INCOME**Column b**
EXEMPTIONS/DEDUCTIONS
(Attach Schedule GE)**Column c**
TAXABLE INCOME
(Column a minus Column b)**PART I - GENERAL EXCISE and USE TAXES @ ½ OF 1% (.005)**

- 1. Wholesaling
- 2. Manufacturing
- 3. Producing
- 4. Wholesale Services
- 5. Use Tax on Imports For Resale
- 6. Business Activities of Disabled Persons
- 7. **Sum of Part I, Column c** (Taxable Income) — Enter the result here and on Page 2, line 21, Column (a)

PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)

- 8. Retailing
- 9. Services Including Professional
- 10. Contracting
- 11. Theater, Amusement and Broadcasting
- 12. Commissions
- 13. Transient Accommodations Rentals
- 14. Other Rentals
- 15. Interest and All Others
- 16. Use Tax on Imports For Consumption
- 17. **Sum of Part II, Column c** (Taxable Income) — Enter the result here and on Page 2, line 22, Column (a)

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the General Excise and Use Tax Laws, and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE

TITLE

DATE

Continued on Page 2 — Parts V & VI **MUST** be completed

WEB
FORM G-45 Page 2 of 2 FILL



GBF082

Name:
Hawaii Tax I.D. No. **W**
Last 4 digits of your FEIN or SSN

Period Ending

	Column a	Column b	Column c
BUSINESS ACTIVITIES	VALUES, GROSS PROCEEDS OR GROSS INCOME	EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	TAXABLE INCOME (Column a minus Column b)
PART III - INSURANCE COMMISSIONS @ .15% (.0015)			

18. Insurance
Commissions

Enter this amount on line 23, Column (a)

PART IV - CITY & COUNTY OF HONOLULU SURCHARGE TAX @ ½ OF 1% (.005)

19. Oahu Surcharge

Enter this amount on line 24, Column (a)

PART V — SCHEDULE OF ASSIGNMENT OF TAXES BY DISTRICT (*ALL taxpayers MUST complete this Part and may be subject to a 10% penalty for noncompliance.*) See Instructions. **Place an X** in the box of the taxation district in which you have conducted business. IF you did business in MORE THAN ONE district, place an X in the box for "MULTI" and attach Form G-75.

20.	Oahu	Maui	Hawaii	Kauai	MULTI
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PART VI - TOTAL PERIODIC RETURN

	TAXABLE INCOME Column (a)	TAX RATE Column (b)	TOTAL TAX Column (c) = Column (a) X Column (b)
21. Enter the amount from Part I, line 7	\$.00	x .005	= \$
22. Enter the amount from Part II, line 17	\$.00	x .04	= \$
23. Enter the amount from Part III line 18, Column c...	\$.00	x .0015	= \$
24. Enter the amount from Part IV, line 19, Column c..	\$.00	x .005	= \$

25. **TOTAL TAXES DUE.** Add column (c) of lines 21 through 24 and enter result here. **If you did not have any activity for the period, enter "0.00" here** **25.**

26. Amounts Assessed During the Period.....	PENALTY \$	26.	
(For Amended Return ONLY)	INTEREST \$		

27. **TOTAL AMOUNT.** Add lines 25 and 26..... **27.**

28. **TOTAL PAYMENTS MADE FOR THE PERIOD** (*For Amended Return ONLY*)..... **28.**

29. **CREDIT TO BE REFUNDED.** Line 28 minus line 27 (*For Amended Return ONLY*) **29.**

30. **ADDITIONAL TAXES DUE.** Line 27 minus line 28 (*For Amended Return ONLY*) **30.**

31. FOR LATE FILING ONLY →	PENALTY \$	31.	
	INTEREST \$		

32. **TOTAL AMOUNT DUE AND PAYABLE** (Original Returns, add lines 27 and 31;
Amended Returns, add lines 30 and 31)..... **32.**

33. **PLEASE ENTER THE AMOUNT OF YOUR PAYMENT.** Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form G-45. Write "GE", the filing period, and your Hawaii Tax I.D. No. on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P. O. BOX 1425, HONOLULU, HI 96806-1425 or file and pay electronically at www.ehawaii.gov/efile
If you are NOT submitting a payment with this return, please enter "0.00" here. **33.**

34. **GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED.**
(*Attach Schedule GE*) If Schedule GE is not attached, exemptions/deductions
claimed will be disallowed..... **34.**